

CONTRACTOR/CCO NAME: **PacificSource Community Solutions** (Marion Polk)
 REPORTING PERIOD: **1/1/2021 - 12/31/2021**

Enter the per-member-per-month (PMPM) dollar amount you paid clinics participating in the Patient Centered Primary Care Home (PCPCH) program. If the PMPMs vary for a given tier, you may enter a range. Otherwise, enter a single dollar amount. In the "Average PMPM" column, enter the average PMPM payment for each tier, weighted by enrollment. If you paid one "Tier 1" clinic \$9.50 PMPM and another "Tier 1" clinic \$10.00 PMPM, and the first clinic had three times the number of members attributed as compared to the second clinic, then the average weighted PMPM would be \$9.625. ($\$9.50 \times 0.75 + \$10.00 \times 0.25 = \9.625). The weighting may be calculated using number of members or number of member months.

Evaluation Criteria for this worksheet: Response required for each highlighted cell, even if there are no current clinics in your service area at that tier level. Non response in a highlighted cell will not be approved.

PCPCH Tier	Number of contracted clinics	PMPM (or range) dollar amount	Average PMPM dollar amount	If applicable, note any deviations and rationale from required payment per tier (e.g. no payments to tier 1 clinics because there are none in CCO service area).
Tier 1 clinics	-	\$ 0.50	\$ -	No payments to Tier 1 clinics because there are none in the CCO service area.
Tier 2 clinics	1.00	\$ 1.01	\$ 1.06	n/a
Tier 3 clinics	6.00	\$2.01 / \$6.00	\$ 4.83	n/a
Tier 4 clinics	34.00	\$3.02 / \$9.00	\$ 10.23	n/a
Tier 5 clinics	17.00	\$4.02 / \$12.00	\$ -	No payments to Tier 5 clinics because there are none in the CCO service area.

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Brief description of the five largest, defined by dollars spent, VBPs implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within arrangement	Brief description of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; & - individuals with complex health care needs
Salem and West Valley Hospitals	2C	1A	Two hospitals (one CAH), inpatient and outpatient services	
WVP Health Authority	4A	1A, 2A, 3B	Multi-specialty IPA, PCP capitation, budget based model, upside and downside risk, quality incentives	Payment is made for every member in the CCO population and aligns with payments received by the CCO. Adjust by rate category.
Legacy Health	3A	1A, 2A,	Budget based model with risk withhold tied to quality	Payment is made for every member in the CCO population and aligns with payments received by the CCO. Adjust by rate category.
WFMC Health	4B	1A, 2A, 4A, 3B	PCP, specialist, BH, fully capitated rates tied to quality	
Marion County CMHP	4A	1A, 3B	CMHP services	

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 2024. Refer to Value-based Payment Technical Guide for CCOs at <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf> for more information on requirements.

Evaluation Criteria for this worksheet: Response required for each highlighted cell. If question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

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Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Hospital
LAN category (most advanced category)	3B
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Withhold tied to quality metrics performance
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	18,447,309.25
Total unduplicated members served by the providers	10,863
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	537,176
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	1,475,719
List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:	

Metric	Metric Steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Childhood Immunizations Status (Combo 2) (2021 OHA Aligned Measure #1)	OHA	Per OHA (QIM) Current Specification	At 69.4% with a target of < 68.9%
Immunizations for Adolescents (Combo 2) (2021 OHA Aligned Measure #2)	OHA	Per OHA (QIM) Current Specification	At 33.8% with a target of > 29%
Prenatal & Postpartum Care – Postpartum Care (2021 OHA Aligned Measure #15)	OHA	Per OHA (QIM) Current Specification	Target 61.3%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (2021 OHA Aligned Measure #3)	OHA	Per OHA (QIM) Current Specification	At 65% with a target of > 54.6%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (2021 OHA Aligned Measure #40)	OHA	Per OHA (QIM) Current Specification	Initiation at 38.5% with target of > 36.5% Engagement at 17.4% with target >9.9%
Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness (2021 OHA Aligned Measure #47)	OHA	Per OHA (QIM) Current Specification	At 79% with target of > 97.66%
Assessments for Children in DHS Custody (2021 OHA Aligned Measure #27)	OHA	Per OHA (QIM) Current Specification	final results not yet available
Oral Evaluations for Adults with Diabetes (2021 OHA Aligned Measure #26)	OHA	Per OHA (QIM) Current Specification	At 23.5% with a target of > 17.3%
Members Receiving Preventative Dental or Oral Health Services (Age 1-5)	OHA	Per OHA (QIM) Current Specification	At 49% with a target of > 33.7%
Members Receiving Preventative Dental or Oral Health Services (Age 6-14)	OHA	Per OHA (QIM) Current Specification	At 62.2% with a target of > 43.1%
Diabetes HbA1c Poor Control (2021 OHA Aligned Measure #31)	OHA	Per OHA (eCQM) Current Specification	At 27.2% with a target of > 33.3%

Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT) (2021 OHA Aligned Measure #22)	OHA	Per OHA (eCQM) Current Specification	Meeting threshold
Cigarette Smoking Prevalence (2021 OHA Aligned Measure #21)	OHA	Per OHA (eCQM) Current Specification	At 17.8% with a target > 26.6%
Screening for Depression and Follow-Up Plan (2021 OHA Aligned Measure #18)	OHA	Per OHA (eCQM) Current Specification	Meeting threshold
Controlling High Blood Pressure (2021 OHA Aligned Measure #28)	OHA	Per OHA (eCQM) Current Specification	Meeting threshold

